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FEE TRANSMITTAL FOR FY 2009  Application Number FIRING Date Filing Date Byung KilM Examiner Name R. Chevalier  And Unit Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number O2-2448 Deposit Account Deposit Account Number O2-2448 Deposit Account Deposit Account Number O2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of tee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	Effective on 12/08/2004.	Complete if Known			
FOR FY 2009    Applicant claims small entity status   See 37 CFR 1.27   Art Unit   2621     TOTAL AMOUNT OF PAYMENT   (\$)   140.00   Attorney Docket No.   1630-0367PUS1		Application Number			
Applicant claims small entity status   See 37 CFR 1.27   Art Unit   2621	FEE TRANSMITTAL	Filing Date			
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 2621  TOTAL AMOUNT OF PAYMENT (\$\frac{1}{2}\$ 140.00 Attorney Docket No. 1630-0367PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Fee (\$\frac{1}{2}\$) Fee (\$\		First Named Inventor			
METHOD OF PAYMENT (check all that apply)    Check	FOIT1 2009	Examiner Name	R. Chevalier		
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (see(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (\$)	Applicant claims small entity status. See 37 CFR 1.27	Art Unit			
Check	TOTAL AMOUNT OF PAYMENT (\$) 140.00	Attomey Docket No.	1630-0367PUS	1	
Examination Type  Fee (s) Fee	METHOD OF PAYMENT (check all that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  X Charge any additional fee(s) or underpayments of Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) F					
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP				
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   FEE CALCULATION	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
FEE CALCULATION	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee				
Search   S					
FILING FEES   Small Entity   Fee (\$)   Fee (	FEE CALCULATION				
Application Type	•				
Application Type					
Design   220   110   100   50   140   70				Fees Paid (\$)	
Plant         220         110         330         165         170         85           Reissue         330         165         540         270         650         325           Provisional         220         110         0         0         0         0           2. EXCESS CLAIM FEES         Small Entity         Fee (\$)         Fee (\$)         Fee (\$)           Fee Description         Fee (\$)         Fee (\$)         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         52         26           Each independent claims over 3 (including Reissues)         220         110           Multiple dependent claims         390         195           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           Multiple Dependent Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)           HP = highest number of independent claims paid for, if greater than 3.         Fee Paid (\$)         Fee Paid (\$)	Utility 330 165 540	270 220	110		
Reissue         330         165         540         270         650         325           Provisional         220         110         0         0         0         0           2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)         Multiple Dependent Claims           Multiple Dependent Claims         390         195           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of independent claims paid for, if greater than 3.         Fee Paid (\$)         Fee Paid (\$)	Design 220 110 100	50 140	70		
Provisional         220         110         0         0         0         0           2. EXCESS CLAIM FEES         Fee (\$)         Small Entity Fee (\$)         110         Multiple dependent claims over 3 (including Reissues)         390         195         195         Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims         Fee (\$)         Fee Paid (\$)         Fee (\$)         Fee Paid (\$)         Fee	Plant 220 110 330	165 170	85		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of lotal claims paid for, if greater than 20.  HP = highest number of independent claims paid for, if greater than 3.	Reissue 330 165 540	270 650	325		
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  HR = highest number of independent claims paid for, if greater than 3.	Provisional 220 110 0	0 0	0		
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Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Fee Description				
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.	,				
35 -35 = x = Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  5 -5 = x =  HP = highest number of independent claims paid for, if greater than 3.	· · · · · · · · · · · · · · · · · · ·				
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Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  5 - 6 = x = HP = highest number of independent claims paid for, if greater than 3.		<u>_</u>	ee (\$) <u>F</u>	ee Paid (\$)	
5 - 5 = x = HP = highest number of independent claims paid for, if greater than 3.		ee Paid (\$)		, · - · · - · · - · · · · · · · · · · ·	
3. ADDITION SIZE EEE	HP = highest number of independent claims paid for, if greater than 3.				
	3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			entity) for each ad	Iditional 50	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)			of Fee (\$)	Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =				;	
4. OTHER FEE(S) Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer 140.00					
SUBMITTED BY / 1 2 0	SUBMITTED BY / 1 1 1				
Signature Registration No. (Attorney/Agent) 42,325 Telephone (703) 205-8000	Signature Struck Kill		Telephone	(703) 205-8000	
Name (Print/Type) David A. Bilodeau Date April 22, 2009	Name (Print/Type) David A. Bilodeau		Date	April 22, 2009	